

# SOUTH DAKOTA WELL REHABILITATION REPORT

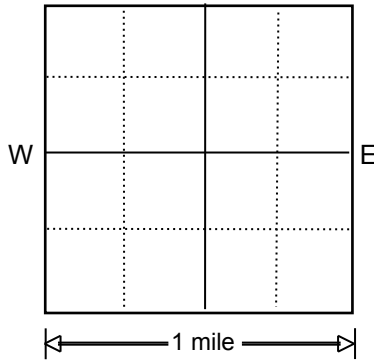
11-02

Location \_\_\_\_\_ ¼ \_\_\_\_\_ ¼ Sec \_\_\_\_\_ Twp \_\_\_\_\_ Rg \_\_\_\_\_

County \_\_\_\_\_

North

Please mark well location with an "X"



Well owner:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Describe original construction if possible.  
(Attach original log if available)

Rehabilitation Completion Date \_\_\_\_\_

**PROPOSED USE:**

- Domestic     Municipal     Stock  
 Irrigation     Industrial

Description of condition of well before rehabilitation:

Description of rehabilitation work completed:

Recasing information: Material \_\_\_\_\_ Diameter \_\_\_\_\_ Inches      Depth \_\_\_\_\_ Feet

Describe screen or perforations \_\_\_\_\_ Screen Location From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Grout:  YES    Describe grouting procedure and grout:  
 NO

Well Test Data:    Specific capacity \_\_\_\_\_      Static water level \_\_\_\_\_  
If a flowing well    \_\_\_\_\_ GPM      Shut in \_\_\_\_\_ PSI

This well rehabilitation was completed under license # \_\_\_\_\_ and this report is true and accurate.

Drilling firm: \_\_\_\_\_

Signature of Licensed Representative: \_\_\_\_\_

Signature of Well Owner: \_\_\_\_\_

Date: \_\_\_\_\_